



Attorney Docket 040281-0118

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hirotaka ISHII et al.

Title: FINGERPRINT IDENTIFICATION DEVICE EQUIPPED WITH A USER RECORDING DEVICE

Appl. No.: 09/450,757

Filing Date: 11/30/1999

Examiner: V. Kibler

Art Unit: 2623

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MAY 05 2004

Technology Center 2600

AMENDMENT TRANSMITTAL

Mail Stop AF

Commissioner for Patents

PO Box 1450

Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

☐ Assertion of Small Entity status is enclosed.

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee	
Total Claims:	7	-	20	=	0	x	\$18.00	=	\$0.00	
Independent Claims:	2	-	3	=	0	x	\$86.00	=	\$0.00	
First presentation of any Multiple Dependent Claims:							+	\$290.00	=	\$0.00
CLAIMS FEE TOTAL									=	\$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$110.00
<input type="checkbox"/> Extension for response filed within the second month:	\$420.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$950.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:		\$110.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$110.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$110.00

☐ Please charge Deposit Account No. 19-0741 in the amount of \$110.00. A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$110.00 to cover a one month extension is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions-fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 30, 2004

By Brian J. McNamara

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